

**LIST OF APPLICATIONS/REQUESTS CURRENTLY UNDERGOING REVIEW**  
(As of 31 August 2006)

The following applications have been filed with the Office of Health Systems Development and are undergoing a review process. A notice was sent out to the Affected Party List and an ad was placed in the Providence Journal, announcing the date the formal reviews were initiated for each application (excluding Change Order Requests). Meeting times for reviews of applications are posted, when practicable, under the 'Highlights' section at: <http://www.health.ri.gov/hsr/healthsystems/index.php> Copies of these applications are available for review in Room 407 of the Rhode Island Department of Health, 3 Capitol Hill, Providence, Rhode Island. Please call (401) 222-2788.

<b>CHANGE ORDER REQUESTS</b>		
<b>Applicant(s)</b>	<b>Description of Proposal</b>	<b>Notification to the State Agency Date</b>
Newport Hospital	Change regarding the location of patients during renovation of the 5th floor of the 25 August 2005 approval of the Certificate of Need to renovate patient rooms on the 5th floor of the Turner Building	07/17/2006
Wayland Square Surgicare [HealthSouth Corporation]	Change to conditions of approval (regarding provision of free care) of the 25 October 1992 approval of the Certificate of Need application to establish a freestanding ambulatory surgical center in Providence	01/13/2006
Westerly Hospital	Cost Overrun of the 6 June 2001 approval of the Certificate of Need for New Construction of the Emergency Department and Medical and Surgical Nursing Units and Renovation and Reconfiguration of Diagnostic and Ambulatory Services and Establishment of a Diagnostic Cardiac Catheterization Services	02/03/2006

<b>CERTIFICATE OF NEED APPLICATIONS</b>			
<b>Applicant(s)</b>	<b>Description of Proposal</b>	<b>Review Initiation Date</b>	<b>Comment Period*</b>
Memorial Hospital of Rhode Island <sup>2</sup>	To expand and renovate the Emergency Department	07/10/2006	11/07/2006
Newport Hospital <sup>2</sup>	To establish a Diagnostic Imaging Center in Portsmouth to provide radiology services, including Digital Mammography, Ultrasound, CT and MRI services	07/10/2006	11/07/2006
South County Hospital Healthcare System <sup>1</sup>	Establish a Diagnostic Cardiac Catheterization Service	02/10/2006	04/01/2006
The Miriam Hospital <sup>2</sup>	To acquire and operate a da Vinci S Surgical System to perform minimally invasive robotic surgery	07/10/2006	11/07/2006
Westerly Hospital <sup>2</sup>	To establish a 12-bed inpatient geriatric psychiatry program	07/10/2006	11/07/2006

**LIST OF APPLICATIONS/REQUESTS CURRENTLY UNDERGOING REVIEW**  
**(As of 31 August 2006)**

<sup>1</sup>Requests for a public meeting must be made in writing and must be received by the state agency by 25 February 2006. A public meeting, if held, must be initiated no later than 12 March 2006.

<sup>2</sup>Requests for a public meeting must be made in writing and must be received by the state agency by 25 July 2006. A public meeting, if held, must be initiated no later than 9 August 2006.

<b>INITIAL LICENSURE APPLICATIONS</b>			
<b>Applicant(s)</b>	<b>Description of Proposal</b>	<b>Review Initiation Date</b>	<b>Comment Period*</b>
<b>Apria Healthcare, Inc. [Apria Healthcare Group, Inc.]</b>	<b>To establish a Home Nursing Care Provider Agency at 70 Catamore Blvd in East Providence</b>	<b>08/31/2006</b>	<b>09/30/2006</b>
Neighbors Enterprises, Inc. d/b/a Senior Helpers	To establish a Home Care Provider Agency at 75 Main Street in East Greenwich	05/25/2006	06/24/2006

\*All written comments by affected persons should be received by the Office of Health Systems Development by the date identified when practicable.

Review Time Frame Information:

Change Order Requests - shall be completed when feasible within forty-five (45) days of notification to the state agency that a cost overrun or change has occurred or will occur. Decisions by the state agency with respect to approval or disapproval of a cost overrun or change shall be rendered within fifteen (15) days of the completion of the Health Services Council's review.

Certificate of Need - decision of the state agency may be rendered within one hundred twenty (120) days of the date of notification of affected persons. The maximum period of review by the Health Services Council shall not exceed one hundred fifteen (115) days and that the state agency decision shall be rendered within five (5) days of the Health Services Council's determination of its recommendation.

Change In Effective Control & Initial Licensure – decision of the licensing agency will be rendered within ninety (90) days from acceptance of the application.